

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

TN3202

(X2) MULTIPLE CONSTRUCTION

A. BUILDING \_\_\_\_\_

B. WING \_\_\_\_\_

(X3) DATE SURVEY  
COMPLETED

C

08/27/2010

NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF MORRISTOWN

STREET ADDRESS, CITY, STATE, ZIP CODE

501 WEST ECONOMY ROAD  
MORRISTOWN, TN 37814(X4) ID  
PREFIX  
TAGSUMMARY STATEMENT OF DEFICIENCIES  
(EACH DEFICIENCY MUST BE PRECEDED BY FULL  
REGULATORY OR LSC IDENTIFYING INFORMATION)ID  
PREFIX  
TAGPROVIDER'S PLAN OF CORRECTION  
(EACH CORRECTIVE ACTION SHOULD BE  
CROSS-REFERENCED TO THE APPROPRIATE  
DEFICIENCY)(X5)  
COMPLETE  
DATE

N 000

Initial Comments

N 000

During investigation of C/O # 25825, #25258, #25956 and #26069, conducted August 2-27, 2010, at Life Care Center of Morristown, no deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.

Division of Health Care Facilities

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0809

BJYU11

If continuation sheet 1 of 1

SEP 03 2010